



| | | | |
|---|------------|---|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) 29985/01-009 | |
| Application Number 09/934,242-Conf. #8158 | | Filed August 21, 2001 | |
| For PRESSURE TRANSDUCER PROTECTION VALVE | | | |
| Art Unit 3763 | | Examiner John C. Fox | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120.00 | \$60.00 | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450.00 | \$225.00 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1,020.00 | \$510.00 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,590.00 | \$795.00 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,160.00 | \$1,080.00 | \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>35,902</u> | | | |
| _____ Signature | | _____ Date | |
| _____ Michael R. Hull | | _____ (312) 474-6300 | |
| _____ Typed or printed name | | _____ Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

12/15/2004 YPOLITE1 00000063 09934242

01 FC:1251

120.00 0P

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 9, 2004

Signature:  (Michael R. Hull)